

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WISCONSIN RIGHT TO LIFE VICTORY FUND</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00613091       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>The Fox Company, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>31</div><div>2016</div></div>	
Mailing Address 11000 West Becher Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2003.96</div>	
City West Allis	State WY	Zip Code 53227	Transaction ID : SE.4942
Purpose of Expenditure Mailing Service	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>31</div><div>2016</div></div>
Name of Federal Candidate JOHNSON, RONALD HAROLD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4007.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div></div><div></div><div></div></div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2003.96</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2003.96</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rucinski, Chet, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  

02

01

2017

Signature